

Comparison of Dental Plan Highlights (SPOG Employees)

Plan Features	Washington Dental Service (WDS)	Dental Health Services (DHS)
Annual Deductible	\$0	\$0
Annual Maximum	\$1500 person per year	No Annual Maximum.
Outpatient Copay	None	\$5 copay per visit for the first three years of employment
Diagnostic and Preventive (routine and emergency exams, x-rays, cleaning, fluoride treatment, sealants)	Incentive payments levels 1 st Year – 70% 2 nd Year – 80% 3 rd Year – 90% 4 th Year – 100%	Paid at 100% Composite fillings for all teeth covered at no extra charge. Two additional cleanings for pregnant women, up to four cleanings.
Crowns, Inlays, Onlays	Paid at incentive levels shown above	Paid at 100% Extra charge for noble/high noble metals (\$50 noble, \$80 high noble, \$125 charge on upgraded, specialized porcelain)
Prosthodontic Services	Paid at 50%	Paid at 100%
Dentures, Bridges		
Orthodontia	Paid at 50% Provides coverage for Adult and Child orthodontia with a \$2,000 lifetime maximum. Benefits provided for eligible employees, spouse/partner, and dependent, unmarried children under age 26 (through 25)	\$400 copay. \$150 pre-orthodontic service copay, which includes: Initial orthodontic exam \$25 Study models/x-rays \$125 Benefits provided for eligible employees, spouse/partner, and dependent, unmarried children under age 26 (through 25)
Lifetime Maximum	\$2,000	N/A
Choice of Providers	In-Network: Any contracted provider. Out-of-Network: Any licensed, qualified provider of your choice.**	In-Network: Any contracted provider in the DHS network. Out-of-Network: No out-of-network coverage.
Periodontics (surgical and nonsurgical procedures for treatment of the tissues supporting the teeth)	Paid at incentive levels above	Paid at 100%
Oral Surgery (routine and surgical extractions)	Paid at incentive levels above	Paid at 100%
Temporomandibular Joint (TMJ) Disorders	Not covered	\$1,000 annual max \$5,000 lifetime max
Dental Implants	Paid at 50%	Discounted implants are available. Call 877-495-4455 for information and costs.
Other	N/A	Occlusal (night guard) with \$350 copay.

** Expenses paid based on actual charges or average fee charged by 51% of providers in the area, whichever is less.

Note: This summary is not all-inclusive. See the Benefits Booklets for each plan for additional information.